

CONSENT TO A MEDICAL EXAMINATION

I _____ do hereby consent
(CLIENT/RESIDENT, PARENT, AUTHORIZED REPRESENTATIVE)
to a physical examination of _____
(CLIENT/RESIDENT)
by a physician designated by the State Department of Social Services and
also consent to any laboratory tests associated with the medical examination
for the purpose of investigating the possible abuse or neglect of

(CLIENT/RESIDENT)

(SIGNATURE OF AUTHORIZING PERSON)

(RELATIONSHIP TO CLIENT/RESIDENT—IF OTHER THAN CLIENT/RESIDENT)

(ADDRESS)

(CITY/STATE/ZIP CODE)

LIC 627A (11/89)

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LIC 627A (10/99)